



**HAWAII STATE ETHICS COMMISSION**  
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THIS SPACE FOR OFFICE USE ONLY

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## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Waiters	Joann		202-624-2177
MAILING ADDRESS (Street)			FAX
101 Constitution Avenue, NW, Suite 700			202-572-4858
(City)	(State)	(Zip Code)	
Washington	DC	20001	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
American Council of Life Insurers			202-624-2177
MAILING ADDRESS (Street)			FAX
101 Constitution Avenue, NW, Suite 700			202-572-4858
(City)	(State)	(Zip Code)	
Washington	DC	20001	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Joann Waiters			202-624-2177
MAILING ADDRESS (Street)			FAX
101 Constitution Avenue, NW, Suite 700			202-572-4858
(City)	(State)	(Zip Code)	
Washington	DC	20001	

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Agriculture                               | <input type="checkbox"/> Education                      | <input type="checkbox"/> Human Services                                     | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities         | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation                       |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs               | <input type="checkbox"/> Labor & Employment                                 | <input type="checkbox"/> Transportation                             |
| <input type="checkbox"/> Culture, Arts, Historic Preservation      | <input type="checkbox"/> Health                         | <input type="checkbox"/> Planning, Land & Water Use Management              | <input checked="" type="checkbox"/> Other: (indicate below)         |
| <input type="checkbox"/> Ecology, Energy Environmental Protection  | <input type="checkbox"/> Housing                        | <input type="checkbox"/> Public Safety & Corrections                        | Life Ins., Annuities  |
|  |   |   | Group Health, Long-Term Care Insurance, Disability Income Ins.      |

**PART IV CERTIFICATION OF LOBBYIST**

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Joann Waiters  
(Signature of Lobbyist)

5/14/07  
(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
J. Bruce Ferguson	Senior Vice President

NAME OF ORGANIZATION (if applicable)  
American Council of Life Insurers

TELEPHONE  
202-624-2385

MAILING ADDRESS (Street)  
101 Constitution Avenue, NW, Suite 700

FAX  
202-572-4755

(City)	(State)	(Zip Code)
Washington	DC	20001

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

J. Bruce Ferguson  
(Signature of Authorizing Officer or Person Represented)

5.15.07  
(Date)